OCT 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29456

File No. 18

Registered No. 2

1. PLACE OF DEATH
County: Cole
Township: Osage
City: St. Thomas (No. ..... St. ..... Ward)
Registration District No. 1158
Primary Registration District No. 5296 a

2. FULL NAME: Agnes Dado

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF — — — Jacob Dado Dec'd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 11th 1852

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cole County Mo
(STATE OR COUNTRY): Osage Township

PARENTS

10. NAME OF FATHER: Conrad Wankum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katherine Wahn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Leo H. Meyerpeter
(Address): St. Thomas Mo.

15. FILED Sept 25 1930 J. G. Schmidt Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep 25th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug the 8th, 1930, to Sep the 25th 1930 that I last saw her alive on Sep the 24th 1930, and that death occurred, on the date stated above, at One 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the transverse Colon
46 c
36
104
(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY): To Malarial fever and Senility
(duration) yrs. mos. ds. about 2 Months

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Henry C. Werner, M. D
, 19 (Address) St Thomas Mo.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Thomas Cemetery — DATE OF BURIAL: Sept 27 1930

20. UNDERTAKER: T. B. L. Walther — ADDRESS: St. Thomas Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.